

Name: _____

Representing: ☐ Self ☐ Petitioner ☐ Respondent

(If Attorney) State Bar Number: _____

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Petitioner

Case No. _____

Respondent

ATLAS No. _____

SENSITIVE DATA SHEET

(Not public record)

Fill out. File with Clerk of Court. Omit Social Security Numbers when requested on other forms.
Do NOT serve this document on the other party.

A.

Personal Information:

Petitioner

Respondent

Name _____

Gender _____

Date of Birth (Month/Day/Year) _____

Social Security Number _____

Mailing Address _____

City, State, Zip Code _____

Daytime Phone _____

Evening Phone _____

Other Phone (cell/pager) _____

Email Address _____

Current Employer Name _____

Employer Address _____

Employer City, State, Zip Code _____

Employer Telephone Number _____

Employer Fax Number _____

B. Child(ren) Information:

Child Name

Gender

Child Social Security Number

Child Date of Birth

Clerk of Court
Issued:

***For Court use only. NOT public record. Do NOT provide a copy of this document to the other party.**